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**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

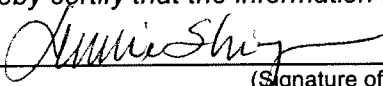
## LOBBYIST REGISTRATION FORM

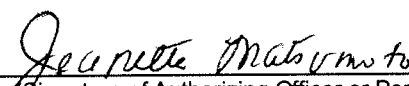
(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Shimizu	Debbie		521-1787
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd # 702			534-1199
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
National Association of Social Workers, Hawaii			521-1787
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd # 702			534-1199
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Debbie Shimizu			521-1787
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd # 702			534-1199
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	<input checked="" type="checkbox"/> Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u></u> (Signature of Lobbyist)	<u>1-18-07</u> (Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
<u>Jeanette Matsumoto</u>	<u>President</u>
NAME OF ORGANIZATION (if applicable)	TELEPHONE
<u>Natl' Assoc. of Social Workers, Hawaii</u>	<u>521-1787</u>
MAILING ADDRESS (Street)	FAX
<u>677 Ala Moana Blvd #702</u>	<u>534-1199</u>
(City)	(State)
<u>Honolulu</u>	<u>HI</u>
(Zip Code)	
<u>96813</u>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
<u></u> (Signature of Authorizing Officer or Person Represented)	<u>1-18-07</u> (Date)